

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**  
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: <u>0 0 — 1 0</u>	2. STATE: Kansas
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
October 6, 2000

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN      ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN      ☒ AMENDMENT

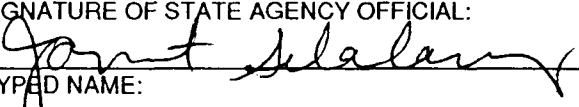
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 441.35	7. FEDERAL BUDGET IMPACT: a. FFY <u>2001</u> \$ <u>600,000</u> b. FFY <u>2002</u> \$ <u>600,000</u>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, #1 Attachment 3.1-A, #5.a., page 1 Attachment 3.1-E, page 1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A Attachment 3.1-A, #5.a., page 1 Attachment 3.1-E, page 1

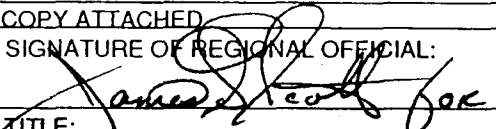
10. SUBJECT OF AMENDMENT:  
Organ transplants and physician office visits

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT      ☒ OTHER, AS SPECIFIED:  
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED      Janet Schalansky is the  
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL      Governor's Designee

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Janet Schalansky, Secretary Social & Rehabilitation Services DSOB, 6th Floor 915 SW Harrison Topeka, KS 66612
13. TYPED NAME: Janet Schalansky	
14. TITLE: Secretary	
15. DATE SUBMITTED: September 27, 2000	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: 09/28/00	18. DATE APPROVED: NOV 9 2000
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: OCT 6 2000	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Thomas W. Lenz	22. TITLE: ARA for Medicaid and State Operations

23. REMARKS:

cc:      SPA CONTROL  
Schalansky  
Day  
Bieberly  
Date Submitted 09/27/00  
Date Received 09/28/00

## KANSAS MEDICAID STATE PLAN

Attachment 3.1-A

# 1

### Inpatient Hospital Services Limitations

1. Services shall be ordered by a physician and shall be related specifically to the present diagnosis of the Consumer.
2. Rehabilitation therapy is limited to that which is restorative in nature and provided following physical debilitation due to acute physical trauma or physical illness.
3. Prosthetic devices provided by a hospital are limited to those that replace all or part of and internal body organ, including replacement of these devices.
4. Elective surgery is noncovered with the exception of elective sterilization procedures.
5. Transplant surgery is limited to corneal, kidney, bone marrow, and liver transplants and related services. Procurement of the organ is covered.
6. Inpatient acute care related to psychiatric services is limited to stays in which the psychiatric plan of care is directed by a psychiatrist and in which psychotherapy is provided on a daily basis. Individuals admitted to psychiatric care must have received an assessment to determine appropriate care level before services are reimbursed.
7. Sterilization and abortions are covered in accordance with current federal regulations.
8. Discharge days are noncovered.
9. Inpatient treatment for substance abuse is limited to detoxification.
10. See attachment 3.1-A, #4.b. for inpatient hospital service limitations for children under 21 years of age.

NOV 9 2000

TN#MS 00-10 Approval Date \_\_\_\_\_ Effective Date 10/06/2000 Supersedes TN#MS98-12

# KANSAS MEDICAID STATE PLAN

Replacement Page  
Attachment 3.1-A  
#5.a., page 1

## Physicians' Services Limitations

### Visits

1. Office visits are not covered when the only service provided is an injection or some other service for which a charge is usually not made.
2. Hospital visits are limited to one per day of Medicaid-covered stay per consumer.
3. Nursing facility visits are limited to one per month per consumer unless there is a medical necessity for more.
4. See Attachment 3.1-A, #4.b. for physician visit service limitations for children under 21 years of age.

### Consultations

1. Consultations without a written report are noncovered.
2. Inpatient hospital consultations are limited to one per ten day period unless there is medical necessity for more.
3. Other consultations are limited to one per condition every 60 days unless there is medical necessity for more.

### Surgery

1. Only medically necessary surgical procedures are covered with the exception of sterilizations.
2. Abortions, family planning services and sterilizations are covered in accordance with current federal regulations. Reverse sterilizations are noncovered.
3. Experimental, pioneering and cosmetic surgeries are noncovered.
4. Transplant surgery is limited to corneal, kidney, bone marrow, and liver transplants and related services. Procurement of an organ is covered.
5. Surgical assistant services are noncovered when surgery is determined not to require an assistant.
6. See Attachment 3.1-A, #4.b. for physician surgery service limitations for children under 21 years of age.

### Concurrent Care

1. Concurrent care services are covered if the consumer has two or more diagnoses involving two or more systems, and if rendering quality care required the special skills of two or more physicians.

NOV 9 2000

TN#MS-00-10 Approval Date \_\_\_\_\_ Effective Date 10/06/2000 Supersedes TN#MS-98-12

Revision: HCFA-PM-87-4  
December, 1998

Attachment 3.1-E  
Page 1  
OMB No. 0938-0193

State/Territory: Kansas

## STANDARDS FOR COVERAGE OF ORGAN TRANSPLANT SERVICES

Kansas assures that similarly situated individuals are treated alike in the coverage of organ transplants. Cornea, kidney, bone marrow, and liver transplants are covered. There are no restrictions on the facilities or practitioners which provide such procedures which would diminish the accessibility of high quality care to individuals eligible for transplants.

NOV 9 2000

TN#MS 00-10 Approval Date \_\_\_\_\_ Effective Date: 10/06/2000 Supersedes TN#MS-98-12  
HCFA ID: 1047P/0016P